



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

Survivor's Benefit Program

Non-Member Employee Designation of Beneficiary for Eligible Employees of a New York State Agency

RS 6357

(Rev. 3/03)

Please **PRINT** all entries and submit to your Personnel Office. **DO NOT** mail to the NYS and Local Retirement System.
PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS.

**CHECK THE
 APPROPRIATE BOX:**

- I have never been a member of any public retirement system.
 I am or have been a member of this retirement system: _____

Name _____

Ret. Reg. Number _____

Home Address _____

Social Security Number _____

City, State _____ Zip Code _____

Former Name _____

Date of Birth _____

To the Comptroller of the State of New York.

Designation of Beneficiary(ies)

I hereby name the following beneficiary(ies) to receive any survivor's benefit payable on my behalf. I realize that, if a death benefit is payable for which the beneficiary(ies) are mandated by law, this designation will be superseded. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

1 Name _____

Relationship _____ Birth Date _____

Soc. Sec. No.* _____ Sex _____

Address (Street, City, State, Zip) _____

2 Name _____

Relationship _____ Birth Date _____

Soc. Sec. No.* _____ Sex _____

Address (Street, City, State, Zip) _____

3 Name _____

Relationship _____ Birth Date _____

Soc. Sec. No.* _____ Sex _____

Address (Street, City, State, Zip) _____

4 Name _____

Relationship _____ Birth Date _____

Soc. Sec. No.* _____ Sex _____

Address (Street, City, State, Zip) _____

DESIGNATION OF CONTINGENT BENEFICIARY(IES)

USE YOUR BENEFICIARY'S GIVEN (FIRST) NAME, (MARY SMITH, NOT MRS. JOHN SMITH) PLEASE PRINT PLAINLY OR TYPE

If all the above named beneficiaries die before I do, any amount payable on my behalf should be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share any benefit equally. This designation revokes all previous designations I have made.

Name _____

Relationship _____ Birth Date _____

Soc. Sec. No.* _____ Sex _____

Address (Street, City, State, Zip) _____

Name _____

Relationship _____ Birth Date _____

Soc. Sec. No.* _____ Sex _____

Address (Street, City, State, Zip) _____

Member's Signature _____ Date _____

Employed By: _____ Name of Agency _____ Street _____ City _____ State _____ Zip Code _____

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of New York County of Onondaga

On the ___ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC (Please sign and affix stamp)

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement Systems, Albany, NY 12244-0001; toll-free at 1-866-805-0990 or 474-7736 in the Albany area.

SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.